

Morgovsky, Naum

MRN: 57329512
Description: 68 year old male

Progress Notes Encounter Date: 7/19/2018

Thai, Anne, MD

Gastroenterology

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Gastroenterology Consult Note

EPICSP GIVISIT MR#: 57329512

Date of Birth: 9/23/1949

Date of Service: 7/19/2018

Dina M Sverdlov, MD

Dear Dr. Dina M Sverdlov,

I had the pleasure of seeing your patient, Naum Morgovsky, in followup today for History of peptic ulcer disease, chronic gastritis, GERD. As you know, Naum Morgovsky is a 68 year old male with History of chronic gastritis, peptic ulcer disease, GERD, I last saw in the hospital in 2016 for melena and anemia. At that time it patient underwent and EGD showing a Mallory-Weiss tear, as well as a large 2 cm duodenal ulcer. A recommendation for 2 months followup EGD was not performed. Helicobacter antibody was positive and patient underwent a 14 day course of treatment. Eradication confirmation has not been performed.

Patient has not undergone a colonoscopy despite a strong family history of colon polyps.

Patient was doing well up until about 6 months ago. He has Baseline dyspepsia, heartburn that acutely worsened. Current symptoms include postprandial bloating, epigastric burning pain, nausea, halitosis, dry cough, voice hoarseness, excessive gas. Patient started Protonix 20 mg daily for 3 weeks. Symptoms are only mildly improved. He has some waking secondary to stress increased eating. He currently smokes tobacco 2 to high stress. He denies rectal bleeding, melena, dysphagia, odynophagia.

Typically has one bowel movement daily. He denies any medications, herbal supplements, NSAID use.

EGD 9/23/2016

FINDINGS:

1. The proximal, mid, and distal esophagus appeared normal. The EG junction was located at 38 cm from the incisors.
2. MILD erosive esophagitis at the the GE jxn
3. Mallory Weiss Tear at the gastric cardia with adherent clot, removed with cold snare. No visible vessel or active bleeding noted
4. Atrophic appearing nodular gastritis of the antrum. Biopsies were not taken in setting of GI bleed
5. Deep chronic appearing Large 2 cm duodenal bulb ulcer at the anterior duodenal bulb. Clean based, no active bleeding
6. Visualized 2nd portion of the duodenum

Past medical history, past surgical history, social history, family history, were reviewed in detail today and unchanged from our last visit together.

Allergies: Review of patient's allergies indicates no known allergies.

Medications:

**Outpatient Prescriptions Marked as Taking for the 7/19/18 encounter
(Office Visit) with Thai, Anne, MD**

Medication	Sig	Dispense	Refill
• pantoprazole (PROTONIX) 20mg EC Tab	Take 1 Tab by mouth daily	30 Tab	1

ROS: A complete 14-point review of systems was performed with pertinent positives and negatives as listed above.

Vitals: BP 110/70 | Pulse 84 | Ht 1.651 m (5' 5") | Wt 71.2 kg (157 lb)

The patient has a BMI >25, which is over the normal range. This was discussed with the patient with dietary recommendations for losing weight provided as appropriate.

Physical Exam:

General Appearance: alert, cooperative, in no acute respiratory distress

HEENT: NCAT, PERRL, EOMI, anicteric sclera, no conjunctival pallor, MMM

Neck: supple, no lymphadenopathy

Heart: normal rate and regular rhythm, no murmurs, clicks, or gallops.

Lungs: clear to auscultation.

Abdomen: Soft, ND/BS+, non TTP throughout, no HSM *No masses/lesions/scars

Extremities: no cyanosis, clubbing, or edema.

Skin: Skin color, texture, turgor normal. No rashes or lesions.

Neuro: Sensation and strength grossly normal.

Mental Status: Appearance/Cooperation: oriented times 3.

Most Recent Laboratory Data:

CBC:

Lab Results

Component	Value	Date/Time
WBC	7.0	09/28/2017 01:00 PM
HGB	16.2	09/28/2017 01:00 PM
HCT	46.6	09/28/2017 01:00 PM
PLT	277	09/28/2017 01:00 PM

CMP:

Lab Results Component	Value	Date/Time
NA	140	09/28/2017 01:00 PM
K	3.9	09/28/2017 01:00 PM
CL	105	09/28/2017 01:00 PM
CO2	27	09/28/2017 01:00 PM
GLU	85	09/28/2017 01:00 PM
BUN	14	09/28/2017 01:00 PM
CREATININE	1.05	09/28/2017 01:00 PM
CA	8.8	09/28/2017 01:00 PM
TBILI	0.6	09/28/2017 01:00 PM
ALP	59	09/28/2017 01:00 PM
AST	17	09/28/2017 01:00 PM
ALT	31	09/28/2017 01:00 PM

FOBT: Negative in 2017

Pertinent Radiographic Data:
None

Assessment: In summary, Naum Morgovsky is a 68 year old male with History of chronic peptic ulcer disease, 2 cm a large duodenal ulcer, history of H. Pylori infection, presents with uncontrolled GERD despite PPI therapy. Patient is overdue for surveillance EGD due to the large duodenal ulcer.

- # GERD with peptic ulcer disease
- * EGD to evaluate for gastritis, duodenal ulcer healing. Biopsies also be taken to evaluate for H. pylori eradication.
- * Protonix daily
- * patient will need to be on a GERD Diet: no processed foods, dairy, sugar, alcohol, caffeine, spicy, tomatoes, onions, garlic, red meat

- # colon cancer screening
- * colonoscopy

Risks explained to patient, pain, infection, bleeding, perforation, adverse reaction to meds, iv site complications, missed lesions, incomplete examination, death. Pt agrees to proceed with EGD and colonoscopy.

Thank you for allowing me to participate in the care of this patient. Please do not hesitate to contact me with any questions or concerns.

Sincerely,



Anne Thai, MD
Gastroenterology and Hepatology

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Office Visit
on
7/19/2018